

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	10/796334	FILED DATE						
						APPLICANT(S)	CLAIMS							
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		NO	IND	DEP	NO	IND	DEP	NO	IND	DEP
IND	DEP	IND	DEP	IND	DEP	51						51		
1		/				52						52		
2			/			53						53		
3				/		54						54		
4					/	55						55		
5						56						56		
6						57						57		
7						58						58		
8						59						59		
9						60						60		
10						61						61		
11						62						62		
12	1		1			63						63		
13				1		64						64		
14					1	65						65		
15						66						66		
16						67						67		
17						68						68		
18						69						69		
19	1		1			70						70		
20				1		71						71		
21					1	72						72		
22						73						73		
23						74						74		
24						75						75		
25						76						76		
26						77						77		
27						78						78		
28						79						79		
29						80						80		
30						81						81		
31						82						82		
32						83						83		
33						84						84		
34						85						85		
35						86						86		
36						87						87		
37						88						88		
38						89						89		
39						90						90		
40						91						91		
41						92						92		
42						93						93		
43						94						94		
44						95						95		
45						96						96		
46						97						97		
47						98						98		
48						99						99		
49						100						100		
50														
TOTAL IND.	3													
TOTAL DEP.		25												
TOTAL CLAIMS	28		28											

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